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CONFIRMATION NO. 5251

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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/543,963 02/12/2004

*yes WB
11/13/07*

*None MB
11/13/07*

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/15/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance nb Initials	STATE OR COUNTRY NJ	SHEETS DRAWINGS 13	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

ADDRESS

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TITLE

Estimating facial pose from a sparse representation

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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